Data Specifications for Family Caregiver Programs – Effective 1/1/2006

Field Name	Data Type, Codes, and Max Length	Description/Example
Client ID	text – 15 characters	Unique identification number assigned by agency. Nine digits maximum. No slashes or dashes.
SSN	text - 9 characters	55511333 – no slashes or dashes.
Last Name	text - 20 characters	Smith
First Name	text - 15 characters	Jonathan
Middle Name	text - 15 characters	William
Street Address	text - 255 characters	511 15th Avenue S
City	text - 35 characters	Federal Way
Zip Code	text - 9 characters	98104 or 981045555 if 4 digit extension is known
Date of birth	Date	1/30/1928
Ethnicity	integer	Description:
	0	Unknown
	1	American Indian or Alaska Native
	2	Asian, Asian American
	3	Black, African, African-American
	4	Hawaiian Native or Pacific Islander
	5	Hispanic/Latino
	6	White
	7	Other
	8	Multi-Racial
Income	integer	Description:
	0	Unknown
	1	Very Low (< 30% Median)
	2	Low (< 50% Median)
	3	Moderate (< 80% Median)
	4	Above Moderate (> 80% Median)
Live Alone	Text	Description:
	U	Unknown
	Y	Yes
	N	No
Gender	text	Description:
	U	Unknown
	F	Female
	M	Male
	O	Other
Limited English	text	Description:
	U	Unknown
	Y	Yes

Field Name	Data Type, Codes, and Max Length	Description/Example
	N	No
Household with Children	text	Description:
	U	Unknown
	Y	Yes
	N	No
Number of Children	Integer	**Required for Kinship programs only:** Enter the number of children under age 18 who live with the Kinship Caregiver
Single Parent	text	Description:
	U	Unknown
	Y	Yes
	N	No
Disability Status	Text	Description:
	U	Unknown
	Y	Yes
	N	No
Refugee Status	Text	Description:
	U	Unknown
	Y	Yes
	N	No
Homeless	Text	Description:
	U	Unknown
	Y	Yes
	N	No
Unincorporated	Text	Description: (Does the client live outside of **any** city limits?)
	U	Unknown
	Y	Yes
	N	No
Relationship	Integer	Description: (relationship of Caregiver to recipient)
	0	Unknown
	1	Husband
	2	Wife
	3	Son/Son-in-Law
	4	Daughter/Daughter-In-Law
	5	Grandparent
	6	Other Relative
	7	Other Non-Relative
Kinship	Text	Description: (Is this a grandparent or older adult caring for a child(ren) under age 18.
	U	Unknown
	Y	Yes
	N	No
Service Month	Date	Example: 1/1/2006 –use the first day of the month

Field Name	Data Type, Codes, and Max Length	Description/Example
Service Type	Integer	Enter the code for the type of caregiver service provided.
	1	Counseling
	2	Support Groups
	3	Training
	4	Respite
	5	Supplemental Services
	6	Access Services (Information & Assistance)
Units Provided	integer	# of units provided during the service month for this service type

Data File Guidelines

- Each client should have a unique identifier or Client ID. This ID # should be used consistently for the same client. ID #'s should not be reused. If a change to your data system causes ID #'s to change (e.g., you purchased a new software system) please let ADS staff know in advance of the change.

- If a client has received more than one type of caregiver service in a reporting period, use a separate row for each service type.

- Field names must be at the top of each column and must exactly match those in the data specifications.

- Fields can be in any order. You are not required to use them in the order listed above. The one exception is that the Client ID field must be the first column.

- If you do not have information for a particular field, and that field doesn't have a corresponding code or category for Unknown, please leave the field blank.

  Example: If you do not know the Social Security Number for a client, leave the SSN field blank. **Do not enter** *none*, *N/A, unknown*, *000000000*, etc.

  However, if you do not know the caregiver's relationship to the care recipient, you would enter a **0** in the Recipient field. If you are unsure, leave the field blank.

- Include only clients who had services during the reporting period. If a client did not have services in the reporting month, they should not appear on the report. Do not keep them on the report with a unit of "0". (NOTE: For agencies that do not have data systems and in which staff updates the reports manually, it is OK to include clients with a unit of zero.)

- Use 4 digit years for all date fields.

Administrative Details

- Data files should be sent to AdsReports@seattle.gov - Monthly Activity Reports should be emailed directly to your contract specialist.

- Prior to emailing, encrypt all files that contain confidential client information. Most ADS providers use either PGP or Cryptainer brands of software to secure files. Contact ADS Staff for more information on encryption. It is not necessary to encrypt monthly activity reports.

- Use a unique name for each file that clearly identifies both the provider and the service month. For example: CISC_FCSP_July2005.xls

- Data files may be submitted in either spreadsheet (Excel) or delimited (e.g., csv) format.

- Data files with errors will be sent back for corrections.

- Files are due by the 10th working day of the month. Invoices will not be paid until data files are received.